

4455

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 287

Registrar's No. 139

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location 33 North 11th Street
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 32 years (Specify whether years, months or days) In Arizona 32 years
2. Usual Residence of Deceased: (a) State Arizona (b) County Maricopa (c) City or Town Phoenix
(If outside city limits also write RURAL)
(d) Street No. 33 North 11th Street (e) If foreign born in U. S. A. Yes
3. (a) FULL NAME Lucille Greene (b) If veteran name war None (c) Social Security No. None
(If NONE write the word)

4. Sex Female 5. Color or Race Colored 6. (a) Single, married, widowed Married
(b) Name of husband Phil Greene 6. (c) Age of husband 50 yrs.
or wife, if alive

7. Birthdate of deceased January 24, 1893
(Month) (Day) (Year)

8. AGE: Years 49 Months 0 Days 1 If less than one day
hrs. min.

9. Birthplace Lawrence, Kansas
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business

12. Name Unknown
13. Birthplace "
(City, town or county) (State or Country)

14. Maiden Name Sophie Warfield
15. Birthplace Topeka, Kansas
(City, town or county) (State or Country)

16. (a) Informant's own signature Mr. Phil Greene
(b) Address 33 North 11th Street

17. (a) Burial, Cremation or Removal Burial
Greenwood Cemetery (c) Date Jan 31, 1942

18. (a) Embalmer's Signature Richard D. Ward
(b) Funeral Director East Lake Mortuary
(c) Address 1641 East Jefferson Street

19. (a) JAN 29 1942
(b) Dr. Carl J. Hughes
(Date received local Registrar) (Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan 25, 1942
TIME (Hour and minute) 4:40 o'clock P.M.

21. I hereby certify that I attended the deceased from 1939

that I last saw her alive on Jan 24, 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)
Major findings: Sarcoma of left breast removed 8 yrs.
Of operations ago
Of autopsy ago

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. Stagner M.D.

Address 152 W. Monroe Date signed 1-27-42